

**New Jersey Health and Senior Services
Commissioner Heather Howard
Making Health Care Work for America's Families:
Protecting the Public Health
House Energy and Commerce Health Subcommittee
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10 am**

Good morning Chairman Pallone and Distinguished members of the House Energy and Commerce Health Subcommittee.

I am pleased to be here today not only as the Commissioner of the New Jersey Department of Health and Senior Services, but also as a representative of the Association of State and Territorial Health Officers.

I am honored to have this opportunity to discuss the unique role that state public health agencies play in protecting our nation's health. Public Health has been the cornerstone for most of the health achievements of the 20th Century. For example -- advances in maternal and child health, sanitation and clean water, immunizations, infectious disease control, food safety, declines in deaths from heart disease and stroke and environmental health protections -- these were all spearheaded through public-health initiatives.

During the 20th century, the health and life expectancy of people living in the United States improved dramatically. According to the CDC, 85 percent of that increase in Americans' life expectancy since 1900 -- 25 of the 30 years gained -- is attributable to public health.

I am optimistic that significant health reform is going to happen this year, and it is long overdue. Part of that health reform package—together with universal health insurance coverage and health system reforms—must be a strengthening of our capacity to protect public health, to encourage wellness and to prevent illness.

Too often, when we talk about health policy in the United States, we talk primarily about the financing of health care. We don't focus as much on improving health and preventing disease. And that is why today's hearing is so important.

Nearly 80 percent of our health care dollars are spent on chronic illness. Until we do what we need to do to improve the health of all Americans, we will never be able to get those costs under control.

We have to take a system approach to prevention. Everyone should have access to essential preventive services and screenings. And we need a public health workforce to deliver that basic package. These investments in public health and prevention are essential elements in transformational health reform.

In fact, a focus on public health is what will make health care reform sustainable—both as far as finances and improving people’s well-being. As we enhance prevention—by preventing and managing chronic diseases better and reducing obesity rates—we will reduce skyrocketing health care costs and achieve significant cost savings over the long run.

Simply put, public health both improves lives and saves money.

And healthcare reform cannot be successful without a strong public health foundation.

It is clear that President Barack Obama and the Congress understand the critical link between public health and health reform because of the \$1 billion investment the American Recovery and Reinvestment Act makes in the creation of a prevention and wellness trust. As the President has said, investing in prevention will lower health care costs, improve care and lower the incidence of heart disease, cancer, asthma and diabetes, which are among New Jersey’s leading killers, just as they are around the nation.

Mr. Chairman, I know that your committee has held three previous hearings on health insurance access, disparities and other health reform issues, and I want to commend you and the members of this committee for your leadership and commitment in continuing that discussion with a focus today on the role of public health in health reform.

Public Health is the responsibility of all levels of government—starting at the local and county level, through the state, to the federal government. But, the role of the state public health agency is distinct.

States ensure a clean and healthy environment for the entire community. The state public health system ensures that the water along the Jersey Shore is safe to swim in and that the beaches are clean. The state public health system ensures that the water we drink is safe and that our children play in day care centers that are free of hazardous contaminants.

States play an important coordinating role to bring partners and coalitions together and that leads to sustainability of initiatives. The state public health agency is responsible for health equity. Reducing the unacceptable gaps in disease prevalence and death rates among minority and multicultural populations is a core mission of state public health agencies.

One of the ways that state public health agencies work to reduce health disparities is by promoting healthy lifestyles, providing services like tobacco quitlines for those who want to kick the habit and obesity prevention programs.

This fall I visited several Women, Infant and Children (WIC) clinics as part of a public education campaign to promote healthy mothers and healthy babies and I saw first hand the valuable work that peer counselors do to promote breastfeeding and provide new

mothers with the support and education they need to successfully breastfeed their babies.

In addition, thousands of women learn the importance of feeding their families nutritious meals. And, WIC will soon be including fruits and vegetables as part of the basic food package—a reform long overdue.

The “*Healthy Mothers Equals Healthy Babies*” campaign I undertook was a key recommendation of a Prenatal Care Task Force that I created last year to improve access to early prenatal care for women across New Jersey. Public health has been responsible for a 90% reduction in infant mortality over the last 100 years, but as a public health leader I recognize there is more to be done until all children are born with a healthy start in life.

In addition to the task of health education, New Jersey’s public health agency is responsible for testing for chemical and biological agents in its lab and coordinating the state’s response to a flu pandemic that would immobilize business, cripple the food supply and sicken millions.

The state public health agency is also responsible for licensing, regulating and inspecting nursing homes and hospitals, ensuring access to quality health care for everyone, reducing the incidence of adverse medical events and supporting our safety net providers.

In short, the state public health agency is where the rubber meets the road in terms of the health status of all Americans.

Let me turn to a few key areas that illustrate this notion.

Mr. Chairman, I know that food safety is one of your top priorities and that you have worked with your colleagues and introduced a comprehensive bill that would reform the Food and Drug Administration.

I am pleased also that the President has formed a Food Safety Working Group to upgrade our food safety laws for the 21st Century, and his proposal to consolidate the responsibilities of multiple agencies into one will sharpen the focus on food safety and likely mean additional resources.

The outbreak of e-coli in spinach a few years ago and the recent salmonella outbreak—the largest in U.S. history—with nearly 700 cases in 46 states—are dramatic examples of what happens when the public health system breaks down

When public health laws are not enforced and the system is overwhelmed—with 60 food safety workers responsible for inspecting more than 10,000 sites—the result is a nationwide outbreak where hundreds of people get sick and some die, often the young, the weak and the elderly.

When New Jersey was at the epicenter of the anthrax attacks in the fall of 2001, the state health department's lab functioned as New Jersey's only CDC-approved facility in the quest to identify anthrax. During this national crisis, the state lab rotated teams of trained scientists working 15 hour shifts for two months, processing more than 3,000 specimens and positively identifying 106 samples for the presence of anthrax.

Since then, New Jersey has developed a national reputation as a leader in emergency preparedness. Its division of Health Infrastructure Preparedness and Emergency Response is responsible for developing and implementing the statewide response to public health emergencies. With critical federal financial support, the Department built a Health Command Center—the first and only facility of its kind in the nation—which coordinates situational updates, medical assets and resources to provide a timely and efficient response.

Coordination among various federal, state and local agencies is also key in addressing environmental conditions that can threaten the public safety of our residents.

New Jersey is the most densely populated state in the nation. Most New Jersey residents live in an urban environment where the potential for exposures to hazardous chemicals and contaminants is a very real threat. We have an estimated 20,000 contaminated sites and more Superfund sites than any state in the nation.

Because of New Jersey's industrial past, the work that the Department does to evaluate and monitor contaminated sites—in coordination with our federal, county and local partners—protects the public's health by preventing potential exposures to harmful environmental substances.

Let me give you an example of our work in this area.

After high levels of mercury were discovered in a day care center on the site of a former thermometer factory, the public health system responded by closing the center. Legislation—considered the first of its kind in the nation—was quickly enacted by Governor Jon Corzine requiring the Department to establish evaluation and assessment procedures for the interior of buildings used as day care centers and educational facilities.

Mr. Chairman, I know that environmental health has been a special area of concern for you. Our advances in protecting the people in New Jersey have been many, and most have been recognized as state-of-the-art and state-of-the-science.

The state public health system is also responsible for protecting children at the beginning of life.

A critical component of giving our children a healthy start is newborn screening.

Every state faces the challenge of expanding its newborn screening program to test for additional metabolic and genetic disorders.

New Jersey is among the top states in expanding its program. The state will soon mandate testing for 54 diseases or conditions, up from 20.

We know that early detection and treatment of these disorders can prevent life-long disabilities, including mental retardation, developmental disabilities, and life threatening infections. Without treatment, permanent disability—or even death—can occur. This expansion is a critical tool to ensure that newborns receive timely and appropriate services so that they have the best chances to survive and thrive, and to avert much more costly interventions later in life.

Through public health surveillance of birth defects and developmental disabilities including autism, the state public health agency works to ensure timely linkage with services for children with special health needs and their families.

New Jersey has the nation's highest prevalence of children with autism spectrum disorder. Through screening, the public health system is increasing the number of children who are identified early and enter appropriate developmental intervention services.

Each year in New Jersey, approximately 9,000 children are referred by the Department to specialized care including case management and development of individual plans that address each child's health, medical and social needs.

We know that when we intervene early in the life of an infant or toddler with a disability, we improve the ability of a family to meet the long-term developmental and health-related needs of their special child. We also save our health and education systems significant costs over the long run – yet another example of how public health both improves lives and saves money.

Mr. Chairman, we cannot talk about the important role of public health without talking about lead poisoning. Lead poisoning, despite incredible advancements in the 1970's and 1980's following the removal of lead from gasoline, is still a significant environmental threat to children, especially those who live in older housing stock in urban areas. New Jersey has a renewed focus on this critical threat and the Department's public health branch is working closely with our partners in other agencies—including housing—to implement the state's plan to eliminate lead poisoning.

For example, the Department is in the process of reducing our action level for environmental investigation and case management down to 10 micrograms per deciliter, recognizing that studies show that any elevated lead level in children can be damaging.

With support from the Administration on Aging, we are working with local agencies across New Jersey to implement an innovative model developed at Stanford University to help senior citizens to better manage chronic conditions. Our medical system has struggled to provide chronic secondary prevention services, and this program is an example of a public health intervention that complements the doctor-patient relationship by improving patients' ability to manage their own chronic disease.

Another important responsibility that is unique to public health is health education for the entire community.

When the Rapid HIV Test was first introduced in New Jersey, the Department began a health promotion campaign in 2004 to communicate the value of early and consistent testing and to increase the number of people who were tested—thus reducing the transmission of AIDS in New Jersey.

In the first year of the campaign, calls to the HIV/AIDS hotline increased 139 percent and 65 percent of those callers requested testing.

The Department's swift and successful implementation of Rapid HIV testing was honored by the Association of State and Territorial Health Officials (ASTHO) with its "Vision Award" in 2006.

Today, New Jersey has 158 test sites and 21 mobile vans. As of November 2008, more than 228,000 people have taken the Rapid HIV test.

As the salmonella outbreak illustrated so dramatically, much of the progress we have made in public health in the past century is now jeopardized by this unprecedented economic crisis.

While we provide cradle to grave public health protection to citizens, our state budgets are in crises. Budget cuts and vacancies in specialized areas like food safety are resulting in a public health infrastructure that is crumbling.

As I said earlier, I am extremely hopeful that transformational health reform will happen this year. That health reform package—together with universal health insurance and health system reforms—must include a strengthening of our capacity to protect public health, to encourage wellness and to prevent illness.

Thank you again Mr. Chairman and members of this committee for this opportunity to make the case that public health prevention is a critical component in transformational health care reform.

And now I would be happy to answer your questions.